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ABSTRACT

This final report describes activities and accomplishments of the Carolina Model Inservice Training Project, a federally supported program in North Carolina to develop an effective and replicable inservice training model for assisting early intervention programs to apply a family-centered approach in their work with young children (birth to 8 years) with disabilities and their families. Innovative features of the model included: (1) a team-based approach to training; (2) the active participation of parents in training; (3) the systematic development of plans for improving services at both the program level and the level of the individual practitioner; and (4) use of the case method of instruction as a means of facilitating the application of family-centered principles. The project provided training to early intervention direct service personnel in collaboration with state-level personnel development systems and certification requirements. A series of six workshops were conducted. Evaluation examined changes in participants' attitudes and beliefs, the ability of participants to apply family-centered principles to realistic case situations, and participants' self-assessments. An instructor's guidebook was also developed. (Contains 14 references.) (DB)

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Carolina Model Inservice Training Project

FINAL REPORT

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ABSTRACT

The Carolina Model Inservice Training Project was designed to develop an effective and replicable inservice training model for assisting early intervention programs to apply a family-centered approach in their daily work with young children with disabilities (birth to 8 years) and their families. The innovative features of the model were drawn from existing knowledge of personnel preparation in early intervention and combined several training strategies that had been promoted by the field over the 5 years preceding the onset of the project. These include

- A team-based approach to training
- The active participation of parents in training
- The systematic development of plans for improving services at both the program level and at the level of the individual practitioner
- Use of the case method of instruction as a means of facilitating the application of family-centered principles to the oftentimes complex and confusing situations encountered in working with children and families in real life

The Project provided training to early intervention direct service personnel in North Carolina in collaboration with state-level personnel development systems and certification requirements for infants and toddlers (Part H) and preschool-aged children with disabilities (Part B). All training was conducted at the team level, with training consisting of a series of 6 workshops scheduled at 1-month intervals. As a model project, heavy emphasis was placed upon evaluating the effectiveness of training. Evaluation occurred at a number of levels and included a) changes in participants' attitudes and beliefs about working with families, b) the ability of participants to apply family-centered principles to realistic case situations in early intervention, c) participants' self-assessment of existing practices (program and team levels), the amount of progress teams and individuals achieved in implementing their plans to become more family-centered, and direct observation of trainees in the workplace to assess the degree to which changes in family-centered practices occured as a result of training.

An instructor's guidebook was developed and distributed for use by other inservice training providers. The guidebook describes the model and provides the necessary teaching materials for instructors to implement the model in whole or part. Dissemination efforts also included the publication of project-developed instruments, products, and evaluation results.

PROJECT GOALS AND OBJECTIVES

GOAL #1: To develop a model for providing inservice training that facilitates family-centered practices in early intervention service delivery at both the team and individual levels.

Objectives:

1.1 To further specify the content of each of the 6 workshops in the series of training events.

1.2 To design or locate teaching materials for conducting workshops (overheads, videotapes, readings, handouts for participants).

1.3 To identify appropriate case studies for use with each area of training content and identified competencies.

1.4 To refine the process of identifying teams, selecting parents, and encouraging administrators/supervisors to participate in training activities.

1.5 To refine the process of preparing audience members for full participation in training activities (e.g., letters to participants and parents, pre-workshop contact with teams and administrators.

GOAL #2: To implement the team-based training model with teams of diverse composition, working in various early intervention settings and with a variety of types of children and families.

Objectives:

2.1 To work in coordination with Part H and Part B Personnel Development systems in the state to identify priority areas within the state (e.g., geographic areas or specific communities) for offering training.

2.2 To identify a minimum of 4 cohorts of teams (approx. 25-30 teams) for participation in training. This includes the identification of parent participants.

2.3 To conduct a 6-month workshop sequence (1 full day workshop per month) for each of the 4 team cohorts selected to participate.

2.4 To provide on-site follow-up to each team receiving project training.

GOAL #3: To develop teaching materials for instructors that will enable them to replicate the training model and adapt the model to fit their individual teaching styles or the characteristics of the inservice audiences with whom they will be working.

Objectives:

3.1 To develop a written description of the model that includes the philosophy of training employed, the teaching strategies and materials used, and an overview of the basic procedures.

3.2 To design a comprehensive packet of teaching aids for conducting training that includes sample letters to participants, agendas, overheads, handouts, reading lists, suggested videotapes, and recommended case studies to address various concerns and areas of needed competency.

3.3 To provide suggestions for instructors for altering the model (i.e., partial adoption)) when restrictions do not allow full adoption.

3.4 To include in the instructor's guidebook descriptions of participants' reactions to the training, the types of goals they select for themselves, and typical levels of progress toward goals that can be expected.

GOAL #4: To evaluate the effectiveness of the training model in producing demonstrable changes in practices at the level of service delivery (i.e., application of family-centered principles).

Objectives:

4.1 To develop procedures and instrumentation for external evaluation of early intervention programs in order to determine the degree to which programs incorporate family-centered principles (i.e., based on observation/interview/document analysis).

4.2 To determine participants' satisfaction with training procedures and materials (e.g., perceived usefulness).

4.3 To assess changes in participants' attitudes toward working with families and team coordination as a function of participation in project training activities.

4.4 To document the types of goals individuals and teams identify for themselves in attempting to make services more family-centered.

4.5 To determine the degree to which individuals and teams accomplish goals and objectives they have identified for becoming more family-centered.

4.6 To determine the degree to which project training activities result in significant changes in direct services offered by programs and individual professionals.

GOAL #5: To disseminate the training model and evidence of its effectiveness to others responsible for inservice training and family-centered practices.

Objectives:

5.1 To conduct national dissemination efforts to promote awareness and interest in adopting the training model for inservice training (e.g., journal articles, articles in newsletters, conference presentations, mailings).

5.2 To distribute the instructors' guidebook to professionals, programs, or agencies who figure prominently in national training efforts geared toward meeting the mandates for early intervention set forth in IDEA.

5.3 To announce the availability of project-developed materials to all involved in the inservice training of early intervention personnel through mailings to individuals and groups, announcements in key newsletters and journals, and through presentations and advertisements at national conferences.

5.4 To disseminate the evaluation efforts and results of the project through submissions to early intervention journals and through presentations at regional and national conferences.

MODEL DEVELOPMENT

The Content of Training

Family-Centered Service Delivery

The focus of all training was family-centered service delivery, emphasizing specific and practical strategies for applying family-centered principles to daily interactions with families of young children with disabilities. All training content was grounded in the basic principles of family-centered care. These principles include:

- Recognition of the pivotal role of the family in the life of the child and viewing the family as the context for child development
- Concern for the well-being of all family members, not just the child with disabilities
- Being responsive to families' concerns and priorities
- Respect for individual differences among families (culture, values, lifestyles, and priorities
- Recognition and use of families' informal support systems
- Recognition and employment of family strengths and resources
- Families' as ultimate authority in decisions regarding themselves and their children
- Coordination of services among all professionals and agencies involved with the child and family
- Individualized and flexible service delivery
- Providing information families want or need to make decisions

Although training content included presentation and discussion of these basic principles, training emphasized how these principles may be applied to various aspects of service delivery. Five aspects of service delivery were included in the training content. These are as follows:

First Encounters with Families. This will include handling referrals, families' first encounters with the program (e.g., initial home visits, application process), and families' first contacts with each member of the team.

Identifying Family Concerns and Priorities. This will include initial and annual determinations of family priorities for purposes of intervention planning as well as the ongoing determination of changes in family priorities at each contact with a family.

Child Assessment. This will include formats and procedures for conducting child assessment that actively involve families in the assessment process. Moreover, it will include strategies for insuring that family priorities are addressed and guide the process of child assessment, and that these efforts are coordinated among the various professionals and agencies involved in child assessment

Intervention Planning. This will include methods for assuring that the planning of early intervention services address the unique needs of each child and family and are responsive to families' stated priorities and concerns. Although this area will include strategies and forms for the development of IFSP's and IEP's, it will go beyond this to address the ongoing process of insuring that services and intervention strategies address family priorities and are perceived as being truly useful by families (e.g., fit into family lifestyles, functional interventions).

Day-to-Day Service Delivery. This will include procedures for conducting home visits, classroom-based services, clinic-based services, and consultation in a manner that reflects the principles of family-centered service delivery. Strategies for translating global principles such as empowerment, enablement, respect, and recognition of strengths into each and every contact with families will be included in this area.

Transitions. Although not initially conceptualized as a major area of training, all cohorts chose transitions as a content area that they wanted addressed during the final training session (Session #6), so this was added to the training agenda.

Program Policies and Individual Interactions

Two levels of service delivery were addressed within each of these six content areas. **Program Policies and Procedures** included those aspects of service delivery that affect all members of the team. These are the global policies and procedures used by a group of staff members within a program or by an entire program. **Individual**

Interactions with Families include the ways in which individual staff members (professionals and paraprofessionals) interact with families on a one-to-one basis. For example, in the area of "First Encounters", the level of Program Policies and Procedures covered topics such as the forms all families are asked to complete in applying for services, who within the agency makes the first contact with new referrals, and the length of time between a referral and the first face-to-face contact with a member of the team. Individual Interactions with Families in this same area covered issues such as how to communicate to families that they have a choice about entry into the program, how to convey respect of parents' opinions and feelings, and how to identify and communicate recognition of child and family strengths.

Training Methods and Materials

Two previously developed models of inservice training were employed by the Carolina Model Inservice Training Project. hese are **team-based decision-making** and the **case method of instruction**. The first, team-based decision-making was used to assist both teams and individuals (a) assess the degree to which their current practices reflect a family-centered approach and (b) decide for themselves what changes need to be made in order to be more family-centered. The second, case method instruction, was used to provide a context in which teams and individuals practiced applying family-centered principles to the many and varied situations they may encounter in their work with children and families. Thus, the combination of these two models guided trainees through the process of **self-assessment**, **planning for change**, and **practice** in applying new knowledge and skills.

Team-based decision-making and the case method of instruction hold two things in common. First, both models of training are **non-directive** and employ **discussion methods**. Trainees actively participate in training activities rather than sitting passively while an instructor conveys information to them. Thus, both methods facilitate the ongoing exchange of information and ideas between workshop facilitator and audience members as well as interaction among audience members. Second, both methods are well-suited to the **meaningful inclusion of parents** in the training process.

Team-Based Decision-Making

A team-based decision-making model was employed to facilitate self-assessment of current practices related to working with families, and planning changes to make practices more consistent with a family-centered philosophy. ***Brass Tacks: A Self-Rating of Family-Centered Practices in Early Intervention*** (McWilliam & Winton, 1990) was modified and used by the project for this purpose. The *Brass Tacks* self-assessment and planning instruments are divided into two parts: ***Part #1: Program Policies and Practices*** addresses the global policies and procedures used by teams or programs, and ***Part #2: Individual Interactions with Families*** addresses the manner in which individual staff members (professionals or paraprofessionals) interact with families on a one-to-one basis. The *Brass Tacks* instruments are further divided into the 5 areas of service provision listed above in the description of training content (i.e., first encounters, identifying family priorities, child assessment, intervention planning, and day-to-day service delivery).

Within each of the 5 areas of service provision, a list of specific practices for working with families is provided. A question format is used that allows trainees to identify on a rating scale the extent to which they or their program engages in each practice listed. The practices listed within each area are specific things that programs or individuals might do to achieve the larger constructs associated with a family-centered approach (e.g., empowerment, enablement, respect for individual differences). In using these instruments to guide self-assessment and planning for change, the following steps are followed:

- **Step #1:** Participants rate themselves and their programs, indicating the degree to which they perceive themselves as engaging in each practice listed.
- **Step #2:** Participants decide whether or not they would like to engage in each practice more often. In other words, identifying changes that they would like to make in their current practices.
- **Step #3:** Participants prioritize the changes in practices they have identified.
- **Step #4:** Participants develop an action plan (See Brass Tacks: Planning for Change forms) for each priority they have identified. Action plans include the writing of specific goals and objectives, resources needed, specific activities for accomplishing objectives, and persons responsible for each activity.

The Case Method of Instruction (CMI)

The case method of instruction was employed to provide opportunities for participants to learn and apply the skills necessary for implementing the changes in practices they have identified through the decision-making process described above. In the case method, participants are presented with the types of situations they routinely encounter in their work with children and families and the facilitator guides participants through the process of deciding how they would handle each situation. This decision-making process involves the following steps:

- **Step #1:** Identifying the problem(s)
- **Step #2:** Identifying factors contributing to the problem
- **Step #3:** Identifying available options
- **Step #4:** Evaluating the pros and cons of each option
- **Step #5:** Choosing the best option available
- **Step #6:** Developing a specific plan of action based on the chosen option

In deciding on the best course of action for resolving the situations described in case studies, personal values and beliefs frequently come to the forefront and can be discussed. Thus, the case method of instruction is particularly useful in facilitating self-reflection of how personal values and beliefs influence the decisions professionals make in working with families. The case method is also useful for teaching communication skills in working with families. For example, when decisions about a case situation involve having conversations with parents, the facilitator may use impromptu role-plays in which participants are asked to practice what they would actually say to the family described in the case situation.

Case studies used by the project were selected from two sources: a) Case studies in ***Working Together with Children and Families: Case Studies in Early Intervention*** (McWilliam & Bailey, 1993) and b) case studies developed by the Case Method Instruction (CMI) Project, an OSEP Special Projects grant (***Lives in Progress: Case Stories in Early Intervention*** by P.J. McWilliam (2000) and published by Paul H. Brookes Publishing Company). Team simulations were also developed by the project for use in training cohorts.

Curriculum Format

The first 5 workshops in the training series were devoted exclusively to the application of family-centered practices, with each of the workshops focusing on a different aspect of service delivery. These aspects of service delivery are listed below. They follow the outline of the *Brass Tacks* self-assessment instruments.

Workshop #1 Referral and program entry
Workshop #2 Identifying family concerns, resources, and priorities
Workshop #3 Child assessment
Workshop #4 Intervention planning
Workshop #5 Day-to-day service provision

The sixth workshop in the series was designed primarily as a follow-up and summary of the previous workshops. If, however, topics or issues related to family-centered service provision are raised by the cohort over the course of training they will also be addressed during this last workshop (e.g., communication skills, interagency coordination, team issues, state regulations, etc.). As mentioned above, most cohorts elected to discuss the topic of transitions during this session.

Each workshop employed a variety of instructional strategies, however, the majority of workshop time was spent using methods that facilitate the ongoing exchange of information and ideas between workshop facilitators and audience members as well as interaction among members of the audience and among members of each identified team. Such interactions also include the exchange of information and ideas between parents and professionals, as parents were included in the audience. The basic format for addressing the content area of each workshop was as follows:

Presentation. The facilitator typically began each workshop with an overview of the area of service delivery to be discussed (e.g., referral and program entry, child assesment, intervention planning) and indicated how family centered principles could be applied to that area. The purpose of the presentation was to provide information related to the area of application (e.g., trends, research findings. parent perspectives), and to get audience members thinking about their own practices in this area. The purpose of the presentation was not to tell audience members **how** to provide family-centered practices, but rather to encourage self-assessment of program policies and individual interactions with families. The facilitator, however, did talk about a variety of ways that family-centered principles may be applied to each aspect of service delivery so that audience members had ideas to choose from in making their own plans for change.

Group Discussion. Throughout the presentation (described above) or following it, the facilitator encouraged active participation by audience members in discussing issues related to the topic at hand. This was, in large part, accomplished by asking open-ended questions and being responsive to audience members who joined in the discussion. The purpose of the discussion was two-fold. First, it encouraged audience members to get their concerns or perceived barriers out on the table so that the facilitator could address them--or at least be knowledgeable of what participants were thinking. Second, the discussion allowed for the exchange of innovative ways that programs or individuals already incorporated family-centered principles, and served as a method to get parents in the audience to share their perspectives with the professionals.

Case Method Discussion or Activity. Following the presentation and discussion, the case method was used to encourage audience members to apply what they had just learned and discussed in the solving of a realistic situation. Thus, audience members were taken one step further along the path from theory to practice. A variety of case method formats were used (large group discussion, role-play, small group discussions, and team simulations). In addition to providing an opportunity for audience members to develop and practice application skills, the case method allowed the facilitator to further assess where audience members may be having difficulty in adopting a family-centered approach and to take appropriate measures to help audience members grapple with these issues.

Self-Assessment of Current Practices. The third phase of each workshop was self-assessment using the *Brass Tacks* instruments. Each audience member was asked to complete both **Part I: Program Policies and Practices** and **Part 2: Individual Interactions with Families** for the area addressed in the workshop. Completion of the *Brass Tacks* instruments provided audience members with an opportunity to determine the degree to which their program and themselves (as individual practitioners)were currently employing family-centered practices. More important, the *Brass Tacks* instruments provides specific and practical ideas to choose from in order to become more family-centered. Thus, along with self-assessment, audience members determined for themselves what they would like to change about their practices.

At the same time that professionals and paraprofessionals are completing the Brass Tacks instruments, parents in the audience are asked to complete the family version of the *Brass Tacks* (***The Family Report: Consumer Opinion on the Quality of Early Intervention Services)***. The items on *The Family Report* parallel those on the Brass Tacks instruments for professionals, and ask parents about their experiences as a participant in the program and the degree to which program staff engaged in the family-centered practices listed on the *Brass Tacks* instruments. *The Family Report* also asks parents to rate how important they think each practice listed on the *Brass Tacks* would be to achieve quality services to children and families.

Plans for Change. Following all self-ratings, plans for change were developed. First, each individual practitioner (professional and paraprofessional) identified one thing about their current practices that they would like to change in order to become more

family-centered. The ***Brass Tacks Planning for Change*** (Part 2: Individual) was used to write down their individual goals and activities for accomplishing the changes they decided to make. Following the development of individual goals and activities, each team (including professionals, paraprofessionals, parents, and administrators) convened to engage in consensus ratings on Part 1 (Program Policies and Practices) of *Brass Tacks* and identify at least one priority for change. Each team developed a Plan for Change, specifying what they wanted to accomplish, what steps needed to be taken to acheive their goals, who was responsible for doing what, and a timeline for completing stated activities. Discussions of how to overcome potential barriers and secure needed resources was a part of planning for change.

Review of Progress and Barriers. At follow-up, participants were asked to complete the ***Brass Tacks: Progress and Barriers*** forms. Each individual practitioner completed a Progress and Barriers form related to their individual plan for becoming family-centered, and one related to the accomplishment of their program plans for change. These forms also asked participants to identify factors that contributed to their progress and factors that were perceived as barriers to completion of their stated goals and objectives.

MODEL IMPLEMENTATION

The project worked closely in coordination with North Carolina's personnel preparation systems for Part C and Part B in identifying training participants. In addition, the project invited state and regional representatives associated with Part C and Part B to attend and observe project-sponsored workshops. These same people were kept apprised of project activities and progress through regular correspondence and by having project staff attend and participation in regularly scheduled meetings of state personnel development groups (e.g., EITTAS, State ICC special task force within the personnel prep subcommittee). We were particularly pleased by the interest and support demonstrated by the state's Early Intervention Training and Technical Assistance System (EITTAS).

A total of **6 cohorts of trainees** served as project participants. As stated above, each cohort of trainees participated in 6 training sessions and follow-up activities. Two cohorts (Cohort #1—Durham; Cohort#2—Raleigh) were conducted in the Central Region of North Carolina, Cohort#3 (Morganton, NC) was in the Western Region. Cohort #4 (Rocky Mount, NC) was in the Eastern Region, Cohort #5 was a center-based inclusive child care center with a large staff (Frank Porter Graham Child Development Center in Chapel Hill, NC). Cohort #6 (Carthage, NC) was in the South Central Region. With the exception of Cohort #5 (FPG Child Care), a variety of program/agency types were represented from the community. These included home-based programs, center-based programs, service coordination programs, child evaluation centers, clinic-based programs, and so forth. A summary of the number of programs, the number of individual participants in each cohort, and the training dates are presented below.

Cohort and Training Site	Number of Programs	Number of Participants	Dates of Training Sessions
Cohort #1 (Durham, NC)	5	27	Session 1 - March 22, 1996 Session 2 - May 3, 1996 Session 3 - August 30, 1996 Session 4 - October 4, 1996 Session 5 - December 6, 1996 Session 6 - January 24, 1997
Cohort #2 (Raleigh, NC)	3	19	Session 1 - March 29, 1996 Session 2 - May 17, 1996 Session 3 - June 28, 1996 Session 4 - August 23, 1996 Session 5 - September 27, 1996 Session 6 - November 1, 1996
Cohort #3 (Morganton, NC)	6	43	Session 1 - April 26, 1996 Session 2 - August 2, 1996 Session 3 - October 3, 1996 Session 4 - November 15, 1996 Session 5 - January 10, 1997 Session 6 - February 28, 1997
Cohort #4 (Rocky Mount, NC)	6	37	Session 1 – May 16, 1997 Session 2 – June 27, 1997 Session 3 – August 1, 1997 Session 4 – September 26, 1997 Session 5 – October 24, 1997 Session 6 – January 14, 1998
Cohort #5 (Frank Porter Graham CDC)	1	27	Session 1 – August 19, 1997 Session 2 – August 21, 1997 Session 3 – January 16, 1998 Session 4 – March 23, 1998 Session 5 – April 24, 1998 Session 6 – May 15, 1998
Cohort #6 (Carthage, NC)	6	39	Session 1 – September 5, 1997 Session 2 – October 3, 1997 Session 3 – November 4, 1997 Session 4 – January 9, 1998 Session 5 – February 6, 1998 Session 6 – March 5, 1998

The breakdown of participants by the type of program in which they work is provided below.

Type of Program/Agency	Number of Participants
Early Intervention Program–Part C (Home-based services)	36
Developmental Day Programs	35
Preschools	32
Preschool Program for Hearing Impaired	10
Developmental Evaluation Centers	26
Public Health (Service Coordination)	10
Multi-Agency Consortiums	15
Parents	17

MODEL EVALUATION

A number of instruments and methods were used to describe project participants, identify the degree to which programs and individuals were family-centered before participating in the training series, to measure participants' perceptions related to the usefulness of various training strategies employed, and to determine the impacts of training. A list of these variables and the methods/sources used for gathering this information are presented below. Also included are the points in time at which the various pieces of documentation and evaluation data were gathered.

Instrumentation

Variable	Method(s) of Measurement/ Data Source	Timetable for Data Collection
Participant Characteristics	1. Demographic form (project-developed)	1. Administered during session 1
Teaming (participant perception of team effectiveness)	1. *Program Effectiveness Rating Scale* (project-developed but adapted from others)	1. Pre- and Post-training (Sessions 1 & 6)
Family-Centered Philosophy/Values	1. *Issues in Early Intervention* (Humphrey & Geissinger, 1993) 2. *Guiding Principles* (Dunst, Trivette, Starnes, Hamby, & Gordon, 1993)	1. Pre- and post-training (Sessions 1& 6) 2. Pre- and post-training (Sessions 1 & 6)
Family-centered practices	*Family-Centered Program Rating Scale* (Beach Center instrument) –Professional and parent versions	Pre- and post-training (Sessions 1& 6) Completed only for Cohort #4
Family-Centered Application skills	1. *Snyder Family Case Evaluation Instrument* (McWilliam, 1990)	1. Pre-and post training (Sessions 1 & 6)
Participant's self assessment of family-centered practices and ratings of importance of specific practices	*1. Brass Tacks: A Self-Assessment of Family-Centered Practices Part 2: Individual Interactions with Families*	Session #1: Referral Session #2:Assessment Session #3: Family Priorities Session #4: IFSP process Session #5: Day-to-Day
Team consensus of the degree to which program policies and procedures are family-centered	*1. Brass Tacks: A Self-Assessment of Family-Centered Practices Part 1: Program Policies and Practices*	Session #1: Referral Session #2:Assessment Session #3: Family Priorities Session #4: IFSP process Session #5: Day-to-Day
Participant satisfaction	1. *Individual Session Evaluation* (project-developed)	1. Completed by individual participants at end of each of the 6 sessions

and perception of training benefits	2. *Final Participant Evaluation* (project-developed)	2. Post-Training
Participants' plans for changing practices (Individual & Program)	1. *Brass Tacks: Part #1 Individual Plan for Change*	1. Sessions 1, 2, 3, 4, & 5
	2. *Brass Tacks: Part #2 Program Plan for Change*	2. Sessions 1, 2, 3, 4, & 5
Change in Practices (Individual and Program)	1. *Brass Tacks: Progress and Barriers*	1. Administered at 6-month follow-up contact

Findings and Recommendations to the Field

Data were summarized and analyzed to determine a) participants' levels of satisfaction with the training and their perceptions of how helpful the various strategies employed were in furthering their ability to apply family-centered practices in their daily work, b) the impacts of training on individual participants' attitudes about working with families (i.e., family-centered philosophy), c) the degree to which individual participants and programs achieved the goals and objectives they developed for becoming more family-centered in the various aspects of service delivery, d) participants' perceptions regarding factors that contributed to their progress in accomplishing goals or barriers to their accomplishment, and e) participants' perceptions of what would be helpful in continuing their ability to apply family-centered principles. A brief summary of project findings is presented in the sections that follow.

Participant Feedback

Individual session evaluations and the final evaluation that was completed by participants indicated that, although the information presented was not all that new, it was perceived as being very useful. A summary of participants' ratings of the various strategies employed in training sessions (e.g., case method, parents attending sessions, team discussions, use of *Brass Tacks* instruments) are presented in Figure 1.1. The following conclusions are offered:

- Practitioners oftentimes don't understand the true meaning of family-centered practices. As a result, practitioners typically perceive themselves as being more family-centered than they really are.
- Knowledge of family-centered principles does not guarantee the ability to apply those principles to real life. Application skills must be specifically taught.
- Participants didn't perceive the content of training (i.e., family-centered practices) as being all that new.
- Although the information wasn't perceived as necessarily being "new", participants rated the content of each session as highly relevant and the various activities as being very useful in helping them learn how to apply the

Figure 1.1 **Session Evaluations**

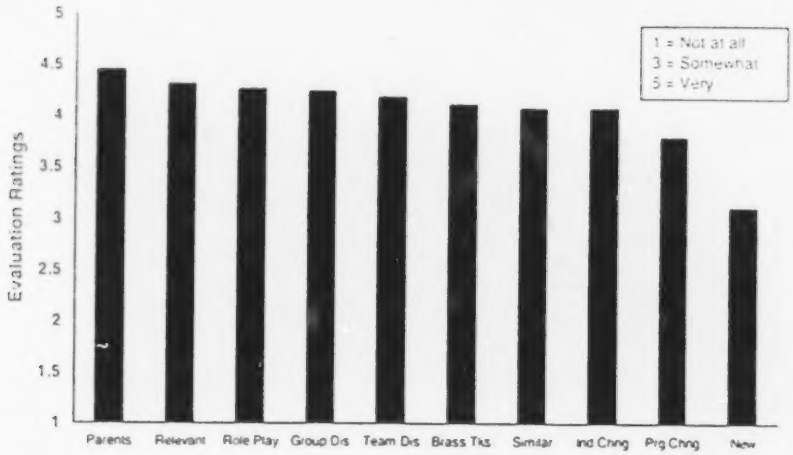

Figure 1.2 **Barriers to Implementing Family-Centered Practices**

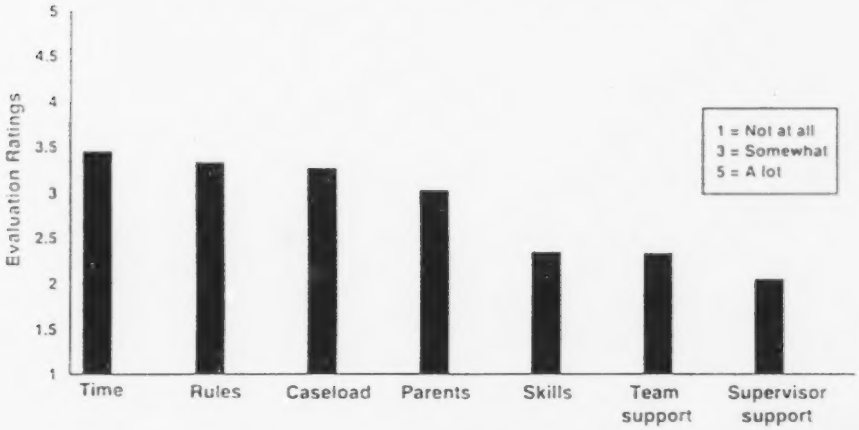

Figure 1.3 **Future Training Needs**

How helpful 1 = Not at all, 5 = Very

- Regular team discussions related to family-centered practices practices (Mean = 3.95)
- Attending group discussion with other professionals interested in family-centered practices (Mean = 3.93)
- Opportunities to discuss own day-to-to day practices (Mean = 3.90)
- Having a skilled professional observer your work and provide feedback (Mean = 3.69)
- Having an expert on family-centered practices provide on-site consultation (Mean = 3.66)
- Observing skilled professional (Mean = 3.51)
- Attending instructor-led discussions of case studies (Mean = 3.29)
- Opportunities to practice and receive feedback on communication skills with families (Mean = 3.23)
- Reading books & articles on how to apply family-centered practices (Mean = 2.95)

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knowledge to their daily work with children and families (application skills, self-reflection, decision-making skills).

- Participants perceived the case method of instruction as very useful (case discussions, role-play, and team simulations)
- Participants thought self-assessment of individual and program practices was very useful, along with the opportunity to engage in team discussions about current practices and areas in need of change. The opportunity to engage in focused and guided team discussions through the use of the *Brass Tacks* instruments was noted by many as being particularly useful–something they don't often manage with their busy work schedules.
- Although not originally planned, participants highly valued the opportunity to attend sessions with professionals from other agencies in their communities and engage in joint discussions with them
- A number of participants noted that having their supervisor (e.g., program director) attend the sessions with them was extremely important.

> *"Staff in our program asked for this change before to no avail. Having our supervisor here at the workshop with us so she could learn and have it reinforced by the "experts" how important this is has really made a difference."*
> –Early Interventionist, home-based program

- Although it was difficult to get programs to invite parents to come to the workshops, their attendance was rated as being highly useful. Attending such training is a big commitment for parents to make and we need to investigate alternative methods for obtaining parent involvement in program evaluation and planning for change.

Changes in Practice and Perceived Barriers

- Gains in knowledge of family-centered practices and progress in moving toward more family-centered practices were not great.
- Progress was evident in accomplishing goals and objectives related to plans for becoming more family-centered, but it often took a lot longer than practitioners had hoped it would take.
- Participants made more progress in accomplishing their individual goals than the goals developed for their entire program.
- Participants were more satisfied with the progress on individual goals than progress toward program goals.

> *"In reviewing the goals we set last year, I don't feel that we've made much progress that is measurable. I wanted to tell you, however, that the training has had a tremendous impact on my thought process each and every time that I work with a new family."* —Teacher, preschool program

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- Becoming family-centered doesn't happen overnight. Even with intensive training, it often takes time and practice.

> *"I wanted to let you know that I learned a lot from your workshops and I have implemented some things that I learned and I go back from time to time and look over Brass Tacks. I am trying to meet the family where they are and then the family and I, together, set goals for them."*
>
> —Case Manager, home- and center-based program

- The largest contributor to progress toward individual and program goals was the skills possessed by the individual practitioner.
- The largest barrier to progress toward individual and program goals was perceived to be a lack of resources–primarily TIME.
- Another major barrier to progress was ADMINISTRATIVE rules and regulations [see Figure 1.2].
- Lack of resources (e.g., time & money) was perceived to be a greater barrier to achieving program goals than to achieving individual goals.

Future Training Needs

As part of the follow-up evaluation, participants were asked to rate a variety of strategies that might be used to support their continued understanding and application of family-centered principles. Participants rated each method on a scale of 1=Not at all helpful to 5=Very Helpful. A summary of participants' ratings is found in Figure 1-3. In short...

- Participants felt that opportunities to engage in discussions related to family-centered practices would be the most helpful type of support in continuing their efforts toward implementing a family-centered approach.
- Participants felt that reading books and articles on how to apply family-centered practices would be least helpful in continuing their efforts toward becoming more family-centered (Mean=2.95).
- All-in-all, feedback from training participants indicated that continued and ongoing support in applying family-centered principles would be very helpful. Regular team discussions, opportunities for discussions with other professionals, or opportunities for discussion with a knowledgeable and skilled supervisor/mentor may be strategies for providing this type of support.

MODEL DISSEMINATION

A variety of activities took place to disseminate the model to preservice and inservice instructors. A brief summary of these activities is provided below.

Products

Guidelines for instructors were developed and distributed. In addition, the information provided during each of the training sessions was compiled and published as a book. ***Practical Strategies for Family-Centered Intervention*** by P.J. McWilliam, Pamela Winton, and Elizabeth Crais was published by Singular Publishing Group in San Diego, CA. The book provides down-to-earth, practical strategies for implementing family-centered principles in a variety of service settings and describes use of the *Brass Tacks* instruments. The book was specifically designed for use with the *Brass Tacks* instruments and is, thus, divided into chapters that adress the same 5 aspects of service delivery (first contacts with families; identifying family concerns, priorities, and resources; child assessment; intervention planning; and day-to-day service delivery.

Case stories and team simulations were also developed and/or disseminated by the project. First, team simulations that were developed for use in training were made available to instructors and continue to be available free of charge through a new **website** (http://www.cmiproject.net). Also available on this website is a collection of case stories, that are suitable for training in famiy-centered practices. Second, although not specifically a part of this project, a new casebook–***Lives in Progress: Case Stories in Early Intervention*** by P.J. McWilliam, Baltimore: Paul H. Brookes (2000)–is now available and also contains cases that are suitable for use with the training model.

The ***Brass Tacks* instruments** were modified by the project to make them more suitable for use in training and for use as an instrument for measuring family-centered practices. These are now distributed through Frank Porter Graham Child Development Center's publications and dissemination department. Over the course of the project more than 200 copies of these instruments were distributed to instructors across the United States.

Coordination with Other OSEP-funded Projects

The Carolina Model Inservice Training Project collaborated with SIFT-OUT (Outreach Project) to make instructors aware of the model and instruct them in its implementation. The Principal Investigator (P.J. McWilliam) served as part of the SIFT-OUT faculty at each of its 3-day training events. Approximately 75 preservice and inservice instructors from various states attended the SIFT-OUT Faculty Training Institute each year at Flat Rock, NC.

Professional Journals

Project staff are currently re-analyzing various portions of the evaluation data and are in the process of preparing a manuscript to submit to the Innovative Practices section of the *Journal of Early Intervention*.

Presentations

Vance, S.D. (1999). The case method of instruction. Presented at the North Carolina Family-Faculty Institute. Flat Rock, NC (June).

Vance, S.D. (1998). Listening and talking to parents: Strategies for effective communication. Presented at the North Carolina Day Care Association, High Point, NC (June).

Snyder, P. & McWilliam, P. J.(1998). Evaluating the efficacy of case method instruction. Poster presentation at Conference on Research Innovations in Early Intervention (CRIEI), Charleston, SC, May 1st.

McWilliam, P.J. (1998). Family-centered practices. Presentation at the 1st Annual Preschool Retreat sponsored by North Carolina Schools for the Deaf, Greensboro, NC, March 3rd.

Vance, S. & McWilliam, P. J. (1997) Inservice training in family-centered practices: Methods and findings of a model project.. Paper presented at the International Early Childhood Conference on Children with Special Needs (CEC-DEC), New Orleans, LA, December, 1997.

McWilliam, P.J. & Vance, S. (1997). Techniques to assess program practices. Presented at Program Essentials in Early Intervention: Effective Evaluation for Quality Family-Centered Services, Sponsored by the Developmental Disabilities Section of the Division of Mental Health, Developmental Disabilities and Substance Services, Department of Human Resources. Kinston, NC, February 18th.

Vance, S.D. (1997). Family-centered practices in Early Head Start. Workshop for Asheville City Schools Preschool and Family Literacy Center, Asheville, NC (November).

Vance, S.D. (1997). There's always a story: Finding out what parents want for their children. Presented at the Area Program Conference for Early Intervention Staff, New Bern, NC (September).

Vance, S. & McWilliam, P.J. (1996). Making family-centered child assessment a reality. 8th Annual Leo M. Croghan Conference, Raleigh, NC, December 2nd.

McWilliam, P.J., Winton, P.J., & Crais, E. (1996). From the beginning: Practical strategies for applying family-centered principles during first contacts with families. International Early Childhood Conference on Children with Special Needs (CEC-DEC). Phoenix, AZ, December 10th.

Winton, P.J., McWilliam, P.J., & Snyder, P. (1996). Practical strategies for assisting programs and individuals in making changes related to family-centered practices. International Early Childhood Conference on Children with Special Needs (CEC-DEC). Phoenix, AZ, December 9th.

McWilliam, P.J. (1996). A likely story: Using case studies in personnel preparation and dissemination. Presentation at OERI, Washington, DC, November 9.

McWilliam, P.J. & Vance, S. (1997). Techniques to assess program practices. Presented at Program Essentials in Early Intervention: Effective Evaluation for Quality Family-Centered Services, Sponsored by the Developmental Disabilities Section of the Division of Mental Health, Developmental Disabilities and Substance Services, Department of Human Resources. Kinston, NC, February 18th.

Vance, S. (1997). Techniques to assess program practices. Presented at Program Essentials in Early Intervention: Effective Evaluation for Quality Family-Centered Services, Sponsored by the Developmental Disabilities Section of the Division of Mental Health, Developmental Disabilities and Substance Services, Department of Human Resources., Asheboro, NC, February 24th.

FUTURE ACTIVITIES

In disseminating the model developed by this project and the products developed by a prior Special Projects grant (The Case Method of Instruction–CMI Project), we became increasingly aware of the need to provide training opportunities to instructors who were interested in using the case method of instruction. Consequently, an Outreach grant to provide training in CMI was submitted to OSEP and awarded funding. The project (CMI–Outreach Project) is now in its second year and is providing intensive training to preservice and inservice instructors who are involved in training Part C and 619 personnel across a variety of professional disciplines. Through this new project, we have also been able to continue our dissemination of the Carolina Model Inservice Training Project (the training model, the evaluation findings, and its products).

ASSURANCE STATEMENT

A copy of this full final report has been sent to:

Rose Sayer, Office of Special Education Programs, U.S. Department of Education
ERIC Clearinghouse on Handicapped and Gifted Children
National Early Childhood Technical Assistance System (NEC*TAS)
National Clearinghouse for Professions in Special Education (CEC)
National Information Center for Children and Youth with Disabilities (NICHCY)
Parent Training and Information Center Alliance Coordinating Office
Child and Adolescent Service System Program (CASSP)
Northeast Regional Resource Center
Mid-South Regional Resource Center
Southeast Regional Resource Center
Great Lakes Area Regional Resource Center
Mountain Plains Regional Resource Center
Western Regional Resource Center
Federal Regional Resource Center

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